

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Vital Statistics, Columbia, S. C.

(1) PLACE OF BIRTH
County of Darlington
Township of Hartsville
or
Inc. Town of Hartsville
City of Hartsville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

956

Registration District No. 15-BRegistered No. 35
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of Hartsville (No. 15-B) St. 15-B Ward 15-B

(2) Full Name of Child Christine Cannon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 8 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME John Cannon
(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Darlington Co. S.C.
(13) OCCUPATION Cotton Buyer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa McFall
(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Anderson S.C.
(19) OCCUPATION Household Duties
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Hartsville, S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Wilson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 9 1922

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, or should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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